

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

*A Public Document*

*PCQ*  
*03/30/09*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
COX,	CATHLEEN	( )	( )	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1400-10th Street	Sacramento	CA	95814	OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Office of Planning and Research

Division, Board, District, if applicable:

Your Position:

Assistant to Governor

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2008, through the  
date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-OR-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed March 30, 2009  
(month day year)

Signature \_\_\_\_\_  
(official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Cox, Cathleen

► NAME OF BUSINESS ENTITY  
Gap, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
retail

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Gap, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
retail

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☒ Other mutual funds (401k account)  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_  
(Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Cox, Cathleen
--

► NAME OF SOURCE  
Governor Schwarzenegger

ADDRESS  
State Capitol

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 3 / 08</u>	<u>\$ 81.18</u>	<u>jacket</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
California New Car Dealers Association

ADDRESS  
1415 L Street, Suite 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dealer Day reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 25 / 08</u>	<u>\$ 49.59</u>	<u>food/drink*</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Orange County Automobile Dealer Association

ADDRESS  
125 Baker St., E Suite 262, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dealer Day dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 25 / 08</u>	<u>\$ 69.99</u>	<u>food/drink*</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: (2) Reimbursement in full (\$49.59) on July 15, 2008; (3) Reimbursement in full (\$69.99) on July 15, 2008;

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Cox, Cathleen</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE <u>California State Protocol Foundation</u>
ADDRESS <u>1215 K Street, Suite 1400</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Border Governors Conference</u>
DATE(S): <u>7 / 20 / 08 - 7 / 22 / 08</u> AMT: \$ <u>142.76</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>final planning meeting for Border Governors Conference</u>

▶ NAME OF SOURCE <u>California State Protocol Foundation</u>
ADDRESS <u>1215 K Street, Suite 1400</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Border Governors Conference</u>
DATE(S): <u>8 / 10 / 08 - 8 / 15 / 08</u> AMT: \$ <u>740.50</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Border Governors Conference</u>

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: \_\_\_\_\_